FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 628154

(7)

CABRERA-REGUEYRA CORPORATION

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FILED

Feb 04 1997 8:00am

Secretary of State

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Principal Place of Business Mailing Address											OF SELECTION	
% ELLIOTT HARRIS. ESO. 111 S.W. 3RD ST SIXTH FL MIAMI FL 33130			11	% ELLIOTT HARRIS. ESQ. 111 S.W. 3RD ST., SIXTH FL MIAMI FL 33130								_
								 Date Incorporated or Qualifit 07/02/1979 		Date of Last R 2 /16/1996	eport	
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number		Ar	plied For	Ì
21			26					59-1967997		No	t Applicable	1
Suite, Apt. #, etc.				Suile, Apt. #, etc.				5. Certificate of Status Desired				
City & State			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Ζιρ				Zip Country			,	8. This corporation has liability for intangible tax under s. 199.032,				1
24	25				30			Florida Statutes Yes No				
g, Name and Address of Current Registered Agent							T-10-11-11-11-11-11-11-11-11-11-11-11-11-	10. Name and Address of New Registered Agent				
HAR	RIS, ELLIO	TT ESQ.				81	Name					İ
111 S.W. 3RD ST. SIXTH FLOOR MIAMI FL 33130							Street Add	ddress (P.O. Box Number is Not Acceptable)			1	
									<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			$\frac{1}{1}$
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							Oity		Fl	L 00		
office or re	enistered an	ions of Sections 607.0 ent or both, in the Sta th, and accept the ob	ate of Flori	da. Such chan	oe was author	ized b	the corpora	poration submits this statement for l tion's board of directors. I hereby a	he purpose ccept the ap	of changing it opointment as	s registered registered	
SIGNATURE												
	Signature, typied	or printed name of registered					ent signature requi	ired when reinstating)	DATE			⇃.
12.		OFFICERS A	ND DIRE			3.		ADDITIONS/CHANGES TO C	FFICERS AN		***	Į.
TITLE	D	INA ALDEDTA		☐ D£		* TITLE	1			Change	Addition	ŀ
NAME.		UIS ALBERTO				.2 NAME						I
STREET ADDRESS		3RD ST, 6 FLOOR					ADDRESS					
CHY-SY-ZIP	MIAMI FL			☐ DE		4 CITY-	ST-ZIP			Change	Addition	4
TITLE	SP	PLUOTT		יין ענ		1 TITLE				Lift Cligatific	Abuillon	ľ
NAME	HARRIS,					.2 NAME	, ABBOEGO					l
STREET ADDRESS		3 ST, 6 FLOOR					ADDRESS					١
CITY-ST-ZIP TITLE	MIAMI FL			☐ DE		. 4 CITY- .1 TITLE	51-ZIP			Change	Addition	1
NAME						.1 ITILE			r			
STREET ADDRESS							T ADDRESS					
CITY-S1-ZIP						4. CITY+						
7/11/E				☐ DE		.1 TITLE	U1-EII			Change	Addition	+
NAME						. 2 NAME						
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NAME						2 NAME	İ				 · ···	l
STREET ADDRESS							ADDRESS					
CITY-ST-7-P						4 CITY-:	1					-
TilLE				☐ DE		1 TITLE	· •"			Change	Addition	1
NAME						2 NAME						1
STREET ADDRESS							r address					
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cognoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it binanged, or on an attachment with an address.

6 4 CITY-ST-ZIP

SIGNATURE: